of certificate

back

00

very important.

15

PLACE OF DEATH	
County Charles	
Tillage or City Indian Hoof.	
2 FULL NAME Marie	(
PERSONAL AND STATISTICAL PARTICULARS	
Temale White Single, Married Or Divorced (Write the word)	16
DATE OF BIRTH	17
Sek 10 ,1909	
(Month) (Day) Year)	tha
AGE If LESS than	and
2 h yrs. 7 mos. h O ds. or min.?	Th
(a) Trade, profession or particular kind of work	
particular kind of work (b) General nature of industry	
business, or establishment in which employed or (employer)	
(State or country) Charles Cs. Md.	
10 NAME OF	(Sig
11 BIRTHPLACE	C
OF FATHER Graner Co. Penn.	1
of MOTHER Bertlea Q. Richarde	18
13 BIRTHPLACE	18
(State or country) Crange Co. Va.	At of o
THE ABOVE IS TRUE TO THE BEEN OF MY KNOWLEDGE	if r
(Informant) Ime Ire, anyl,	For

(If death occurred in a hospital or institu-Ward) tion, giva its NAME ir-stead of street and number.) MEDICAL CERTIFICATE OF DEATH DATE OF DEATH That I attended the deceased from (Duration) Contributory Secondary (Duration) (Address) the Disease Disease Causing Death, or, state (1) Means of Injury or, and deaths from (2) Whether Causes. Accidental, Suicidal or Homicidal. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) In the place death ere was disease contracted. not at place of death? mer or al residence OR REMOVAL 20 UNDERTAKER

STATE OF MARYLAN CERTIFICATE OF DEATH

Registration Dist. No.

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census 2nd American Public Health Association.)

tired 6 yrs). business, that fact may be indicated thus; Former (restate occupation at beginning of illness. If retired from household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emer," etc., without more precise specification as Day laborer, Farm laborer, Laborer-Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it Civil engineer, Stationary fireman, etc. But in many whatever, write None. or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of oc-Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons en-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of cupation is very important, so that the relative health-For many occupations a single word or term on Compositor, Architect, Locomotive engineer, For persons who have no occupation

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphlheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"; Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

approved by Committee on tetanus) may be stated under the head of "contributory." and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, "PUERPERAL seplicaemia," "PUERPERAL perilonitis," etc. tions, such as "Asthenia," "Anaenia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," stated unless important inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. taken. For violent deaths state means of injury State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify al causing death), 29 ds.; ... (secondary or intercurrent) Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); American Medical Association.) "Uraemia," "Weakness," etc., when a definite disease unqualified, is indefinite); Tuberculosis of lungs, men-Recommendations on statement of cause of death Never report mere symptoms or terminal condicough; Chronic valvular heart disease; Example: Measles (disease chopneumonia (secondary), etc. affection need not be Nomenclature The contributory Measles;

answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

ste	UP	
plu	CC	
shor	0 J	
W W	0	
Y	nen	
ICI	ten	
YS	sta	
PH	act	
	EX	
L		
LO	ified	
V	ass	
EX	c]	e.
P	erly	icat
tate	rop	rtif
33	e p	e ce
l be	, be	10 3
plnc	maj	ack
sho	it	n l
GE	hat	us (
V	30 t	tio
ed.	8,8	truc
ppli	егш	ins
sal	in t	see
illy	plai	
refu	.E	ant
ca	TH	ort
2		1
Z	9	Z
sho	0	S Ve
on	SE	Z
nati	AL	TO
=	0	
1	-1	1
	mation shoptime carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should sta	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should steed CAUSE Of DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUP

MARGIN RESERVED FOR BINDING

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	92-0
County Mayler,	Registration Dist. No. 174
Village or City to wife mently	ND. St., Ward
(If Length of residence in city or town where death occurredyrsmos.	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?
p. e.h	Provide the control of the control o
2. FULL NAME AREA COLOR	wongne
(a) Residence: No. (Usual place of abode)	St.,
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Yaa)
5a. If married, widowed, or divorcad	(Month) (Day) (Yaar)
HUSBAND of Rachiel Burrough	22. HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Oung 17, 1846-9	I last saw h and alive on 4-10, 19.3.2; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at m.
7 28 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER	Deservines
kind of work done, as SPINNER Tarries SAWYER, BDOKKEEPER, etc.	mitral incompetancy. Croft
Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
10. Date deceased last worked at 11. Total time (years)	
this occupation (month and spent in this occupation cocupation	
12. BIRTHPLACE (city or town)	Other Contributory Causes of importance: - Orterio- of Caronia
(State or country)	
13. NAME Lange Berrough	
14. BIRTHPLACE (city or town)	Nama of operation Data of
(Stata or country)	What test confirmed diegnosis? Was there an autopsy?
15. MAIDEN NAME Elmu Someralle	23. If daath was due to external causes (VIDL ENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicida? Data of injury, 19
E (State or country) On di	Whera did injury occur?
17. INFORMANT John Brown of	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) I welk weekele	
18. BURIAL, CREMATION, DR. REMONAL	Manner of Injury
Place to the Description of Date 10, 1932	Nature of injury
19. UNDERTAKER Marchi State (Address)	24. Was diseasa or injury In any way related to occupation of deceased?
20. FILED 4-10-1982 Pull Physikes. Registrat.	(Signed) A Higher M. D. (Address) M. D.
If more blanks are needed, andress State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	An annual section of the section of	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastrocnteritis	1 year

ADDITIONAL SPACE FOR FURTHER	STATEMENTS	BY	PHYSICIAN
------------------------------	------------	----	-----------

Every item of prormation should be carefully supplied ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD PERM WITH UNFADING INK---THIS

BINDI

FOR

MARGIN RESERVED

F. M. No. I

PLACE OF DEATH CHADT TO

STATE OF MARYLAND CERTIFICATE OF DEATH

County Off Andreas	Registration Dist. No. 103
Village or City NEWPORT (No	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
MALE COLORED SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word) Single NOT KNOWN 1	16 DATE OF DEATH APR. 8 (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended the decessed from 192 to 192 to 192 that I last sew h alive on 192
(Month) (Day) (Year) 7 AGE ABOUT 68 Yrs. If LESS than day	and that death occurred on the date stated above, atm. The CAUSE OF DEATH * was as follows: PARALYSIS
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	(Duration)yts
9 BIRTHPLACE (State or country) St.MARYS Co. 10 NAME OF FATHER JAMES BUSH 11 BIRTHPLACE OF FATHER (State or country) NOT KNOWN 12 MAIDEN NAME OF MOTHER MARY JANE CONTEE 13 BIRTHPLACE OF MOTHER (State or country) NOT KNOWN	Contributory Secondery (Duration) (Signed) (Signed) (Signed) (Signed) (Signed) (Duration) (Duration) (Signed) (Signed) (Address) (A
(Info::nant) (Address) Filed Ch. 10 1932, John Registral	if not at place of death? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL NEWPORT CEMETARY 20 UNDERTAKER CHAS. W. ROBY DATE OF BURIAL ADDRESS ADDRESS
lf more banks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. Ac. 1.

(Approved by U. S. Census and American Public Health Association.)

or given up on account of the DISEASE CAUSING DEADER state occupation at beginning of illness. If retired from er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc Womshould be used only when needed. As examples : 'a) additional line is provided for the latter statement; it fulness of various pursuits can be known. The quescupation is very important, so that the relative health tired 6 yrs). business, that fact may be indicated thus; Farmer inc. gaged in domestic service for wages, as Serund, Cook, Housemand, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, Mever return 'Laborer," "Foreman," "Manager," "1 'calworked on may form part of the second statement Spinner, (b) Cotton mill; (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. report specifically the occupations of persons en-Foreman, or At Home, and children, not gainfully For many occupations a single word or term on Compositor, Architect, Locomotive engineer, who are engaged in the duties of the For persons who have no occupation Cotton mill; (a) Salesman. (b) Grocery; (b) Automobile factory. The material But in many (b)

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite syncnym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Spinal meningitis"); Diphtheria (avoid use of "Croup"); I obser pneumonia. Bronchopneumonia ("Pneumonia");

"Uraemia," "Weakness," etc., when a definite disease "Exhaustion," "Heart failure, "Old Age," "Shock," "Insuition." "Marasmus," "Old Age," "Shock," (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, tolunus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinonui, Sarconui, etc., of tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary) (secondary or intercurrent) affection need Chronic interstitud nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on Nomenclature curbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJUNY State cause for which surgical operation was under-Whooping Examples: Accidental drowning; Struck by railway train (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Chronic valrular heart disease; etc. The contributory not be

If this certificate is looked over thoroughly and all questions annwered in detail, it will prevent further correspondence. A lithe data is essential and must be obtained before the certificate in permanently filed.

2

V. S. No. 1

STATE OF MARYLAND-	-CERTIFICATE OF DEATH 04037
1. PLACE OF DEATH	(23)
county 6 hayles of p.	Registration Dist. No. 108
Village or City Capt Many May her i	No. St., Ward
	If death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long in U. S. if of foreign birth?yrs
2. FULL NAME Jugly & Love	lis.
(a) Residence: Not that Mughair (Usual price of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of B	22. HEREBY CERTIFY, That I attended deceased from
1/2/1CTD	29,1932,10 192 1. 29,193
6. DATE OF BIRTH (month, day, and year) 4/2///880	I last sawle alive on Much 30, 19 3, 7; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at 3m.
5 2 10ay,min.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work dona, as SPINNER,	Julium, Julium
SAWYER, BDDKKEEPER, etc.	1/13/1931
9. Industry or business in which work was done, as SILK MILL.	Mith constice a
work was done, as SILK MILL, SAW MILL, BANK, etc.	almost I mill
This occupation (month and)	
year) occupation occupation	Dther Contributary Causes of importance:
12. BIRTHPLACE (city or town) AMM (State or country)	
W 13. NAME Par less	
14. BIRTHPLACE (city or town) Ithray bunk	DI Jal
4. BIRTHPLACE (city or town) (State or country)	Name of operation Date of
	What test confirmed diagnosis? & J. africal Was there an autopsy?
16. BIRTHPLACE (city or town) A Large County	23. If death was due to external causes (VIOL ENCE) fill in also the following:
O 16. BIRTHPLACE (city or town) / Many County	Accident, suicide, or homicide?
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT (Address) (Chambelle) Hall Ned	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Defauleun Date 4/29 , 1932	
19. UNDERTAKER I Kruf & Sidade	24. Was disease or injury in any way related to occupation of deceased?
(Address) Angherselle Mil	If so, specify
20. FILED of 1921 leva Chappelear Registrar.	(Signed) M. I. (Address) All All M. I.
	, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," operative," out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	- 4		

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
			10000			

MARGIN RESERVED FOR BINDING

V. S. No. 1

PHYSICIANS should state Exact statement of OCCUPA. N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of inforstated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. AGE should be mation should be carefully supplied.

1	STATE OF MARYLAND—	CERTIFICATE OF DEATH 04	038
	County Charles	Registration Dist. No. 103	
	Village or City Rycenule MD	No. St	
	(If	death occurred in a hospital or institution, give its NAME instead of street and n	umber)
	Length of residence In city or town where death occurredmos.	ds. How long in U. S. if of foreign birth?yrsmo	s,ds.
2	FULL NAME Frances burnard De	ent 1	
	(a) Residence: No. Charles Cs. pen	AST CLU Ward	
-	(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and : MEDICAL CERTIFICATE OF DEATH	State
3.	SEX 1 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	
	Male Blacks OR DIVORCED (write the word)	april 12	198 2
5a.	If merried, widowed, or divorged an mie Talkat 10 ont	(Month) (Day)	(Year)
	HUSBAND of (or) WIFE of	22. HEREBY CERTIFY, That I attended of	leceased from
	1.1 I IMP	april 12 ,1932, 10 april 12	, 19.7.2
	DATE OF BIRTH (month, day, and yeer) AGE Years Months Days If LESS than	to have occurred on the date stated above, at 230 P.m.	; death is said
***	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
	8. Trade, profession, or particular	were as follows:	Date of onset
OCCUPATION	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Relateral Broncho Encumorera;	aboil 3-
PAT	9. Industry or business in which work wes done, as SILK MILL.		1 1 10
SC	work wes done, es SILK MILL, SAW MILL, BANK, etc		()
Ō	O Date deceased last worked at this occupation (month and year)	***************************************	
	1 1 0	Other Contributory Causes of importance:	
12.	(State or country)		CI 11
2	13. NAME Las Dent	orginenza -	yer.
ATHER	14. BIRTHPLACE (city or town)	Name of a parties	indolle!
F	(State or country)	Name of operation Dete of	
ER	15. MAIDEN NAME maria Browns	23. If death was due to external causes (VIOLENCE) fill in also the following:	
MOTHER	16. BIRTHPLACE (city or town) & Ina all a	Accident, suicide, or homicide? Date of Injury	
ž	(State or country)	Where did injury occur?	
17.	INFORMANT JAMANAL Jally Jaman	(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLA	CE.
18.	BURIAL, CREMATION, OR REMOVAL	Manner of injury	
	Place place product B	Nature of injury	
19.	UNDERTAKER. Church fand	24. Was disease or injury in any way related to occupation of deceased?	no
	(Address) (C, William)	If so, specify	
20.	FILED 11/2 1932 Jolippel L. Registrar	(Signed) alay C. Welch (Address) Chapling Md	M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example 11	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 wcek ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUSEAUV.S	•		
3/10-			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH (14039)
1. PLACE OF DEATH	
County Cheeles	Registration Dist. No. 108
Village or City hear Heighes well	No. St., War
Length of residence In city or town where death occurred 6.0yrs7mos	death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long In U.S. if of foreign birth?yrsmosd
2. FULL NAME form Dudley	
(a) Residence: No./ (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
male white OR DIVORCED (write the word)	afril 17 ,1932
a. If merried, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of Cor) WIFE of Eclists Deadles	22. 1 HEREBY CERTIFY, That I attended deceased fro
outh really	april 16 ,1932, 10 apr 17 ,1932
DATE OF BIRTH (month, dey, and year) Jeft 17-1871	I last saw h alive on alive on 1972; death is se
AGE Years Months Days If LESS than 1 dey, hrs.	to have occurred on the date stated above, at/
60 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Meschands SAWYER, BOOKKEEPER, etc.	
9. industry or business in which	aculi dilation Iseact up. 17.
kind of work done, as SPINNER, SAWYER, BOOKKEFPER, etc. 9. industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	
10. Date deceased last worked at this occupation (month and spent in this occupation (month and spent in this occupation)	
this occupation (month and yeer) Spent in this 20 occupation 20	Ohn Condition of the continue
2. BIRTHPLACE (city or town) bleaches 60	Other Contributory Causes of importance: Diabele Muletus 1928
(State or country) mul	ant Bronchiles would
13. NAME Jeremick Deedley	
13. NAME Jeremiele Deedley 14. BIRTHPLACE (city or town)	Name of operation
(State of country)	What test confirmed diagnosis? Blood Language Was there en autopsy?
15. MAIDEN NAME Junie Ralvey 16. BIRTHPLACE (city or town) St. Mary Has	23. If deeth was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) St. Mary Has	Accident, suicide, or homicide? 200 Date of injury 19
(State or country)	Where did Injury occur?
7. INFORMANT W. J. Ly on	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Heigher well my	
8. BURIAL, CREMATION, OR REMOVA	Manner of injury
Place Oldfelds amelia, Date Upo 19, 1937	Nature of injury.
9. UNDERTAKER Dril T Derade	24. Was disease or Injury In eny way related to occupation of deceased?
(Address)	If so, specify
20. FILED 4/19/32 19 ava Shalfellar	(Signed) Holarry 6. Chappelear M.
Registrar.	(Address) . (He my his ocale med.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

1		Example H	
Date of onset	The principal cause of importance were a	of death and related causes s follows:	Date of onset
1915	Attack of epilepsy	7001 C (60m	1 week ago
1921	Run over by street car	11 2000 - 10126	1 week ago
July 5,1927	Peritonitis	GEARDEN	3 days ago
			0
	Other contributory ca	uses of importance:	
May 1,1923 Gastroenteritis			1 year
	1915 1921 July 5,1927	1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory ca	Date of onset The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

	M THE LAND	
		VA TUE

MARGIN RESERVED FOR BINDING,

STATE OF MARYLAND—	CERTIFICATE OF DEATH 04040
County Charles	Registration Dist. No. 104
Village or City In the Company of th	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos	
2. FULL NAME farmer h, to	the
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OF RACE OR DIVORCED (write the word)	21. DATE OF DEATH 4 — 23 — ,193 — (Month) (Day) (Year)
Sa. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That t attended deceased from
1 45 100 7	1 last saw h 2 alive on 4 - 2 2 - 19 3 Creath is said
6. DATE OF BIRTH (month, day, and year) 3 - 3 - 7 - 7 - 7 - 7 - 7 - 7 - 7 - 7 -	I last saw h alive on 4 - 2 2-, 19 3 Zdeath is said to have occurred on the date stated above, at 64. m.
82 / (8 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town) // // (State or country)	Other Coutributory Causes of importance:
13. NAME James 12, Forther	
13. NAME 14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of
15. MAIDEN NAME Eliza Batuman	What test confirmed diagnosis?
15. MAIDEN NAME Lya Batuman 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of Injury, 19
17. INFORMANT Pa. Sfinlin (Address)	Where did injury occur?
18. BURIAL, CREMATION, OR REMOVAL Place Hale Short Contain 4 - 24-193)	Manner of injury
19. UNDERTAKER Clarger AM, Ryby	Nature of Injury 24. Was disease or injury in any way related to occupation of deceased?
20. FILED 4 - 24, 19 3 2 T. R. Hegistrar.	(Signed) L. Hegylden, M. D. (Address) Manuals

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis Attack of epilepsy 1915 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5,1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

ADDITIONAL SPACE FOR FURTHER STATE	EMENTS BY	PHYSICIAN
------------------------------------	-----------	-----------

**		

of ck

RECORD be properly classified, certificate. PERMANER may Ш AG -THIS thai OD supplied INK instructions 20 terms, carefully ain. See pe = should very important. DEATH ormation OF USE Should state CAUS

should be stated EXACTLY. PHYSICIANS / be properly classified. Exact statement of

00

Ш

ES

C

Z OC

UNFADING WITH

8

PLACE OF DEATH County ² FULL NAME PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED 5 OR OIVORCED 6 DATE OF BIRTH (Month) (Day (Year 7 AGE If LESS tha 1 day, hrs (a) Trade, profession, or particular kind of work (b) General nature of Industry business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER ENTS 11 BIRTHPLACE OF FATHER (State or country 12 MAIOEN NAME œ OF MOTHER PA 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE (toformant) (Address 15 20 UNDERTAKER REGISTRAR

STATE OF MARYLAND CERTIFICATE OF DEATH

105 Registration Dist. No.

11-0

If death occorred in a hospital or Institution. give its NAME instead of Street and number.]

	MEDICAL CERTIFICATE OF DEATH
1	16 DATE OF DEATH April (Month). (Day) (Year)
=	17 I HEREBY CERTIFY, That I attended deceased from
	apr 7 ,1937, to apr 14 ,1982
	that I last saw h sizalive on Joe 14 1932
	and that death occurred on the date stated above, at
	The CAUSE OF DEATH * was as follows:
ı	O la ,
	La Griphe
1	
l	
	(Butation) yrs mos ds.
	Secondary Var Valumona
	(Burstion) yrs mos ds.
	(Sired) 9 9 March
	32.000
	, 191 (Address) / Malessy
	*State the Disease Causino Drath, or, in deaths from Violent Causes, state (1) Means of Injurt; and (2) whether Accidental, Suicidal or Homicidal.
1	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
	OR RECENT RESIDENTS) At place to the
	of deathyrsmosds. Sisis,yrsmosds.
	Where was disease contracted, if not at place of deeth?
	Former er usual residence
1	9 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
	Clarkland gor 16 32

ADDRESS

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

or given up on account of the DISEASE CAUSING DEATH, write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. If retired from engaged in domestie service for wages, as Servant, Cook, employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more Housemaid, taken to report specifically the occupations of persons precise specification as Day laborer, Farm laborer, Laborer mobile factory. only when needed. As examples: (a) Spinner, (b) Cotton cian, Compositor, Architect, Lecomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, is provided for the latter statement; it should be used know (a)-the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planter, Physiness of various pursuits can be known. The question business or industry, and therefore an additional line For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful--Coal mine, ctc. Statement of Occupation-Precise statement of occupa-(a) Salesman, (b) Grocery; (a) Foreman, For persons who have no occupation whatever, etc. If the occupation has been changed The material worked on may form part Women at home, who are engaged in (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Spinal meningitis"); Diphtheria (avoid use of pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, meningualified, is indefinite); Tuberculosis of lungs, meningualified, is indefinite);

on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.) under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, telanus) may be stated suicide. The nature of the injury, as fracture of skull state means of injury and qualify as head-homicide; Poisoned by carbolic acid-probably Struck by to determine definitely. Examples: Accidental drowning; SUICIDAL, or HOMICIDAL, or as probably such, if impossible surgical operation was undertaken. For violent deaths etc., when a definite disease can be ascertained as the "Heart failure," "Hacmorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," "PUERPENAL perilonitis," etc. birth or miscarriage as "Puerperal septichacmia," "Anaemia" (inerely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 de. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. cough; Chronic valvulur heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of ges, peritoraeum, etc., Carcinoma, Sarcoma, etc., of.... Always qualify all diseases resulting from childrailway train-accident; Revolver wound of The contributory (secondary or intercur-State cause for which Never report mere "Exhaustion," ACCIDENTAL,

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

STATE OF MARYLAND—CERTIFICATE OF DEATH OCCUPA 1. PLACE OF DEAT should Registration Dist. No. 108 Village or City Ward (If death occurred in a hospital or institution, give its NAME instead of street and number) PHYSICIANS How long in U.S. If of foreign birth? yrs. mos. ds. Length of residence in city or town where death occurred. RECORD. Every statement (a) Residence: No. If nonresident give city or town and State (Usual place of abode) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) PERMANENT (Month) 5a. If married, widowed, or divorced HUSBAND of 22. HEREBY CERTIFY. That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, end year) certificate. properly If LESS than 7. AGE Yaars Davs to have occurred on the date steted above, at 1 dayhrs. The PRINCIPAL CAUSE OF DEATH and related causas of importance or____min. 8. Trada, profassion, or particular kind of work done, as SPINNER, OCCUPATION Jo SAWYER, BOOKKEEPER, etc ... back 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc...... may plnods UNFADING INKuo 10. Date dacaased last worked et 11. Total time (yaars) this occupation (month and spent in this that instructions Othar Contributory Causes of Importance: 12. BIRTHPLACE (city or town) (State or country) plain terms, FATHER See (State or country) carefully What test confirmed diagnosis? MOTHER important. 15. MAIDEN NAME 23. If death was due to external ceuses (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Date of Injury ... OF DEATH 16. BIRTHPLACE (city or town) (Stata or country) Where did Injury occur?____ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 17. INFORMANT very -WRITE PL (Address) 18, BURIAL, CREMATION, OR REMOVAL Mannar of Injury CAUSE Nature of Injury 24. Was disease or Injury In any way related to occupation of deceased 19. UNDERTAKER (Addrass) If so, specify (Signad) 20. FILED # Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

BINDING

FOR

MARGIN RESERVED

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

- li	Example II		
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
1915	Attack of epilepsy	1 week ago	
1921	Run over by street ear	1 week ago	
July 5,1927	Peritonitis	3 days ago	
May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year	
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH	0404
STATE OF MARTLAND—CERTIFICATE OF DEATH	0 4 0

1. PLACE OF DEATH	
County Margar	Registration Dist. No. 104
Village or City Rubury	No. St. Ward
(1	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where deeth occurredyrsmos	ds. How long in U.S. il oI foreign birth?mosds.
2. FULL NAME SCUP / Vom Y	neredith
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH 4 - 8 - 193 2 -
5e. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I ettended deceased from
0 0)	, 19, 19, 19
6. DATE OF BIRTH (month, day, end year)	I last saw h; death is seld
7. AGE Years Months Days If LESS then I dey,hrs.	to have occurred on the date stated above, etm. The PRINCIPAL CAUSE OF DEATH end related causes of importance
0rmin,	were es follows:
8. Trade, profession, or particuler kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	
	an and
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
10. Date deceased last worked et this occupation (month and year)	
an o	Other Contributory Causes of importence:
12. BIRTHPLACE (city or town) (State or country)	
13. NAME IN IC ISTANCE	
13. NAME IN AC I MARCH 14. BIRTHELACE (city or town) / Va	None of constitution
(State or country)	Neme of operation Date of
15. MAIDEN NAME Cella Meredette	What test confirmed diagnosis? Wes there en eulopsy? 23. il death was due to external causes (VIOLENCE) fill in also the Iollowing:
15. MAIDEN NAME Celly Mirediti	Accident, suicide, or homicide? Date of injury, 19
State or country)	Where did injury occur?
17. INFORMANT Cellin puredith	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Placements New brong Date 4-82 1932	Nature of Injury
19. UNDERTAKER Brigger Americalitta	24. Was disease or injury in any wey releted to occupation of decessed?
(Address) Shortney	Il so, specify
20. FILED H & - , 1932 To the Hypera	(Signed) X. Hydon M. D. (Address) May such

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arterioselerosis 1915 Attack of epilepsu 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ogo Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gostroenteritis Gollstones May 1,1923 1 year

ADDITIONAL SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
------------------	-----	---------	------------	----	-----------

· · · · · · · · · · · · · · · · · · ·		

V. S. No. 1

should state OCCUPA-

J0

infor-

STATE OF MADVI AND CEDTIFICATE OF DEATH

1. PLACE OF DEATH	9 04044
County Cheeles	Registration Dist. No. 105
Village or City Transloof	No. St., Ward f death occurred in a horpital or institution, give its NAME instead of street and number) s. ds. How long in U. S. if of foreign birth? yrs, mos, ds.
2. FULL NAME Gela Oliver	
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIOOWED, OR DIVORCED (write the word) Therefore the control of the	21. DATE OF DEATH (Month) (Oey) (Yeer)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Cornelius Olive	22. I HEREBY CERTIFY. Thet I attended deceesed from ,19⇒, to
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Devs If LESS then	West sew h elive on 197 , deeth is seld to heve occurred on the dete stated above, et 4 Cm.
7. AGE Years Months Deys If LESS then 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased lest worked at this occupation (month and year) 11. Totel time (yeers) spent in this occupation	a certa chiertini of Most cope it.
12. BIRTHPLACE (city or town) (Stete or country) & have less may	Other Coutributory Causes of importance: Occupies T Valvator Keen
13. NAME (of Legence Severel 14. BIRTHPLACE (city or town) (State or country) Charles (R. Neuf	Neme of operation Date of Whet test confirmed diagnosis? Y Was there en autopsy?
15. MAIOEN NAME do sold lives 16. BIRTHPLACE (city or town) Charles Co - Mid. (State or country)	23. If deeth wes due to externel ceuses (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
17. INFORMANT Yes myrau (Address) Hugheren mo	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Programmes Oate af 16, 193	Manner of Injury
19. UNDERTAKER Aleene & Regarding (Address) 20. FILEO Upu 15, 197 M.S. Thornton	24. Was disease or Injury In any way related to occupation of decessed? If so, specify (Signed) M. 0.
Registrar.	(Address) dente make make

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "cmployee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish earefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	4	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	1 1	
Arteriosclerosis	1915	Attack of epilepsy 8 A AVIHAS	1 reeck ago	
Chronic interstitial nephritis	1921	Run over by street car	1 toeek ago	
Cerebral hemorrhage	July 5,1927	Peritonitis 68 1 4 4 7 7	3 days ago	
		ECEINED		
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR EURTHER STATEMENTS BY PHYSICIAN

V. S. No. 1

	04045
PLACE OF DEATH	STATE OF MARYLAND
County Charles	CERTIFICATE OF DEATH
	Registration Dist. No. /
Village or City Pornfut (No.	St.: Ward) (If death occurred In
2 FULL NAME Elizabille U.	Sandra tion, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4 COLOR OR RACE SINGLE, MARRIED, WIDOWEDWOOL OR DIVORCED (Write the word)	16 DATE OF DEATH # 2 , 1967 \ (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
By 9 - , 15 4 3 (Month) (Day) (Year)	1932. to 4 7 7 -, 1952
	that I last saw him alive on 4 1952,
7 AGE III LESS than I day hrs.	and that death occurred on the date stated above, at
8 8 yrs. 6 mos. 2 4 ds. or min.?	artino 8 chrosis
B OCCUPATION (a) Trade, profession or particular kind of work	
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs. mos. ds.
9 BIRTHPLACE (State or country)	Contributory Secondary
ID NAME OF A DO	(Duration) yrs mos ds,
FATHER I, F. S. Heyelans	(Signed)
OF FATHER (State or country) 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, atate (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Elizateth Wille	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place In the of deathyrsmosds, Stateyrsmosds,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
p G	Former or usual residence
(Informant) ducy Hardenie	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Foulthur	Pomfret Cemelen 4-4-1942
Filed 4-3-1902 Pvh Agiles	20 UNDERTAKER ADDRESS

If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. Noch.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from laborer, fulness of various pursuits ean be known. whatever, write None. definite salary), may be entered as Housewife, Houseer," etc., Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed as At school, or At home. Care should be taken work, household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Munager," "Dealnature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Foreman, (b) Automobile factory. The material or At Home, and children, For many occupations a single word or term on yrs). Farm laborer, Luborer-Coal mine, etc. Wom-(b) Cotton mill; (a) Salesman. without more precise specification as Day For persons who have no occupation Locomotive engineer, not gainfully em-(6) The ques-Grocery;

Statement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and eausation), using always the same accepted tern for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> carbolic acid-probably suicide. The n ture of the injury, "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("E:haustion," "Heart failure," "Haemorrhage," ('Inamition,') "Marasmus,') "Old Age,'' "Shock," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. lelanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicucmia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as ean be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" unqualified, is indefinite); Tuberculosis of lungs, menapproved by (secondar; or intercurrent) affection need not be Whooping cough; American Medical Association.) Examples: A ceidental drowning; Struck by railway train-Recommendations on statement of cause of "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of . name origin; "Cancer" is less definite; avoid Committee on Nomenclature for malignant neoplasms); Measles; Chronic valvular heart disease, Example: Measles (disease etc. The contributory death

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

STATE C	F MARYLAND-	CERTIFICATE OF DEATH 040	046
1. PLACE OF DEATH	~ / 	161-20	
County Charles	ong.	Registration Dist. No. / U)
Village or City Welle	one md	NoSt.,	War
Length of residence in city or town whera d	laath occurredvrsmos	death occurred in a horpital or institution, give its NAME instead of street and nur. ds. Haw long in U.S. If of foreign birth?yrsmos.	mber)
2. FULL NAME Inlan	1 Sarmy	1105.	
(a) Residence: No. Well	that Inde	St., Ward.	
	(Usual place of abode)	If nonresident give city or town and St	late
PERSONAL AND STATISTI		MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE Col	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH april 13 4	193 (Year)
5a. If marriad, widowed, or divorced HU3BAND of (or) WIFE of		22. I HEREBY CERTIFY, That I attended de	
	Upril 13 " 1932	, 19, to	.,
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months	Oays If LESS than	I last saw h	death is sal
2 homs	1 day,3_hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
8. Trade, profassion, or particular kind of work done, as SPINNER,	1 101	ware as follows:	Date of onse
SAWYER, BOOKKEEPER, atc		no Physician.	
9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc			
10. Oate daceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation		
12. BIRTHPLACE (city or town) Class	les Co md	Other Coutributory Causes of Importance:	
(State or country)	6	algertales	
13. NAME Valle 14. BIRTHPLACE (city or town)	Darroy	life about & hours	
14. BIRTHPLACE (city or town) (Stata or country)	es co ra	Name of operation Oate of	
	il Pronto	What tast confirmed diagnosis?	opsy?
15. MAIDEN NAME COMPLETED TO STATE OF COUNTY OF COMPLETED TO STATE OF COUNTY	es mo	23. If death was due to external causes (VIOLENCE) fill in also the following:	
State or country)		Accident, suicide, or homicide? Date of Injury Where did Injury occur?	, 19
17. INFORMANT Selsh (Address)	Daroux nd	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE	E.
18. BURIAL, CREMATION OR REMOVAL	2010 11104	Manner of Injury	
Place I Catherie	Date Date 1319.32	Nature of injury	
19. UNOERTAKER Joseph S	arry	24. Was disaase or Injury In any way ralated to occupation of decaased?	
(Addrass) (Colors	nd of my	If so, specify	
20. FILED 454 13, 1932	Allen Y Posey Registrar	(Signed) Caplata md	9 M. C
If more b	lanks are needed, address State Registnar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I IVED		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
2			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Exact County properly classified. should be stated EXACTLY Village or ²FULL NAME PERSONAL AND STATISTICAL PARTICULARS SSINGLE, MARRIED. 3 SEX 4 COLOR OR RACE that it may be WIDOWED.
OR DIVORCED
(Write the word) ee instructions on back PERM BIND 6 DATE OF BIRTH ACE (Month) (Day) (Year) FOR If LESS than 7 AGE ation should be carefully supplied. 1 day hrs. WITH UNFADING INK-THIS MARGIN RESERVED min.? (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE PARENTS OF FATHER d state CAUS information (State or country) 12 MAIDEN NAM 13 BIRTHPLACE OF MOTHER (State or Country CIANS should statement of of TO THE BEST OF WRITE (Informant) (Address)

STATE OF MARYLAND CERTIFICATE OF DEATH

•	Registration Dist. No. 21-021
ill born	St.: Ward) Alf-death occurred in thospital or institution, give its NAME in steed of street and mumber.)
ISTICAL PARTICULARS	
ACE SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH 1932
36,1932	(Month) (Day) (Year) 17 I HEREB CERTIFY, That I attended the deceased from 192 to 192 , 192 , 192
onth) (Day) (Year) If LESS than I dayhrs. ormin.	and that death occurred on the date stated above, at
Some	Tremature buth
yland- rles Brown	(Signed) John (Address) Down (Address) Down (Address) And (Address)
Maryland	*State the Disease Causing Death, or, in death from Violent Causes, state (1) Means of injury and (2) Whether Accidental, Suicidal or Homicidal.
Maryland BEST OF MY KNOWLEDGE	16 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death
Small	Former or usual residence
And Market Registrar are needed, address State Registrar	Januar Small Janyany, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

8. No. 1

80

15

If more beanly

(Approved by U. S. Census and American Public Health Association.)

household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houselaborer, additional line is provided for the latter statement; it tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from er," etc., Spinner, (b) Cotton mill; (a) Salesman, (b) should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. nature of the business or industry, and therefore an Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day Compositor, Architect, (b) Automobile factory. The material Locomotive engineer, Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Uraemia," "Weakness," etc., when a definite disease American Medical Association.) tetanus) may be stated under the head of "contributory." atic), "Atrophy," "Collapse," "Coma," "Convulsions, stated unless important. use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of approved by Committee on Nomenclature as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. taken. For violent deaths state means of injury "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, etc. unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-(secondary or intercurrent) affection need not be (Recommendations on statement of cause of death Whooping cough; Never report mere symptoms; or terminal condi-. (name origin; "Cancer" is less definite; avoid resulting from childbirth or miscarriage Chronic Example: Measles (disease valvular heart The contributory "Dropsy, disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

be stated EXACTLY, P be properly classified. ok of certificate. RECORD It may be on back should BIND that ACE X WITH UNFADING INK--THIS supplied MARGIN RESERVED terms carefully TH in plain SE OF DI ATION CAUS information CIANS should state statement of OCCUP

instructions

See

important.

is very

14 THE ABOVE IS

15

(Informan

(Address

PLACE OF DEATH 82-a ²FULL NAME PERSONAL AND STATISTICAL PARTICULARS SINGLE,
MARRIED, Wickowy
WIDOWEDD
OR DIVORCED
(Write the word) 6 DATE OF BIRTH (Month) (Day) (Year) If LESS than 7 AGE I day hrs. 8 OCCUPATION
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE PARENTS OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country)

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.:

Ward)

MEDICAL CERTIFICATE OF DEATH

(if death occurred in a hospital or institu-tion, give its NAME instead of street and number.)

16 DATE OF DEATH	Dp.	7. 8	, 19:32
***************************************		(Day)	
17 I HEREBY CER		attended the	deceased from
			, 192
that I last saw haali-	ve on		1923
and that death occurred o	n the date sta	ted above, at	64 m
The CAUSE OF DEATH *	vas as follows	popl	Hy-

*State the Disease Violent Causes, state (Accidental, Suicidal or Ho	ddress) //// Causing Des (1) Means of	ath, or, in dinjury and (mosds. M. D. Sind eaths from 2) Whether
18 LENGTH OF RESIDE		spitais, Institu	itions, Trans-
At place of death mos.	ds.: In	the Stateyrs	mosds.
Where was disease contracted if not at place of death?			
Former or usual residence			4
19 PLACE OF BURIAL OR		DATE O	F BURIAL

If more blanks are needed, address State Regionar, 16 W. Sartoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many business, that fact may be indicated thus; Farmer (rcdefinite salary), may be entered as Housewife, House-(a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, additional line is provided for the latter statement; it fulness of various pursuits can be known. The queswhatever, write None. or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Screant, Cook, ployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the er," etc., without more precise specification as Day nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a 07 For many occupations a single word or term on yrs). Farm laborer, (b) Cotton mill; (a) Salesman. At Home, and children, For persons who have no occupation Laborer-Coal mine, etc. not gainfully em-6 engineer, Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal mcningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

as fracture of skull, and consequences (c. g., sepsis, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n.ture of the injury, or as probably such, if impossible to determine definitely. State cause for which surgical operation was under-"Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, menapproved by Examples: Accidental drowning; Struck by railway traincan be ascertained as the cause. "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; L. Whooping American Medical Association.) "Exhaustion," (secondary Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS state MEANS OF INJURY Never report mere symptoms or terminal condicough; or intercurrent) Committee on ngenital," "Senile," etc.), "Dropsy, "Heart failure," "Haemorrhage, Chronic valvular heart disease; Example: Measles (disease :hopneumonia (secondary), etc. affection need not be Nomenclature The contributory Always qualify all Measles;

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

o Z	
oc.	

	PLACE OF DEATH	STATE OF MARYLAND		
	County Charles	CERTIFICATE OF DEATH		
	1 1 1/	Registration Dist. No.		
	Village or City Molion Degrad	St.: Ward) (If death occurred in a hospital or institu- tion, give its NAME in- stead of street and		
2	2FULL NAME Laureau C	Miniper.		
100	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
20 40	Jensel Black SINGLE, MARRIED, Ingle WIDOWGO, OR DIVORCED (Write the word)	16 DATE OF DEATH OR 14, 19:32 (Month) (Day) (Year)		
2000	6 DATE OF BIRTH Mich. 27. 1919	17 I HEREBY CERTIFY, That I attended the deceased from 1923 2 to 141923 2		
5	(Month) (Day) (Year)	that I last saw h Qualive on Common 19132,		
2	7 AGE [If LESS than	and that death occurred on the date stated above, atm.		
131	3 yrsmos / 8 ds. ormin.?	Conceptealitie helliargica.		
999	(a) Trade, profession or particular kind of work			
3	(b) General nature of industry			
a	business, or establishment in which employed or (employer)	(Duration)yrs ds,		
odu	9 BIRTHPLACE (State or country) Charles Co. Myd.	Contributory Secondary Duration A yte mos de		
ery	10 NAME OF FATHER Q H	(Signed) See, C, Bicknell M. D		
2	0 11 BIRTHPLACE	Hss. 14 1932 (Address) Marling, Ind		
	Z (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.		
4	OF MOTHER X Way W Warrange	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)		
5	13 BIRTHPLACE OF MOTHER	At place Of death yrs mos. ds. In the State yrs mos ds.		
5	(State or country) Wayland	Where was disease contracted		
0	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?		
	(Informant) // / / R Voumpsin	usual residence DATE OF BURIAL OR REMOVAL DATE OF BURIAL		
aton	(Address) Julian Had Mid	X & charles - glynny 4. 10. 1932		
0	Filed H- 192 V Mughe Me Colorer Registrar	20 UNDERTAKER ADDRESS		
	If more blanks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.		

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Farmer state occupation at beginning of illness. If retired from Spinner, should be used only when needed. As examples: (a) whatever, write None. or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House household only (not paid Housekeepers who rcceive a en at home, who are engaged in the duties of the er," etc., additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Housemaid, etc. If the occupation has been changed laborer, Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Foreman, or At Home, and children, For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, (b) Cotton mill; (a) Salesman, (b) without more precise specification as Day 6 Automobile factory. Laborer-Coal mine, etc. not gainfully em-The Grocery; Wom-

Statement of Cause of Death—Name, first, the pissease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospina fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup") Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

American Medical Association.) approved by Committee (Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n.ture of the injury. accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. "Inanition," "Marasmus," "Old Agc," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage, atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomstated unless important use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, men-(secondary Chronic interstitial nephritis, Whooping causing death), 29 ds.; L. pertionaeum, etc., Carcinoma, Sarcoma, etc., ot .. (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condi FOR VIOLENT DEATHS State MEANS OF INJURY cough; Chronic or intercurrent) on Example: Measles (disease chopneumonia (secondary), affection need not be etc. valvular heart disease; Nomenclature The contributory Always qualify all Measles; of the

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. (If death occurred in St.: Ward) a hospital or institution, give its NAME is stead of street and number.) stated proper PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4 COLOR OR RACE S SINGLE. 3 SEX 16 DATE OF DEATH MARRIED. eq may be n back WIDOWED. OR DIVORCED T (Write the word) (Month)(Dav) hould I HEREBY CERTIFY, That I attended the deceased from 6 DATE OF BIRTH that u truction (Day) that I last saw halive on (Year) a IIILESS than and that death occurred on the date stated above, at The CAUSE OF DEATH * I day hrs. ds. or min.? terr B OCCUPATION (a) Trade, profession or Pubace on dredge Ö pial (b) General nature of industry business, or establishment in(Duration) ī which employed or (employer) Wildling waterways Cal Contributory 9 BIRTHPLACE Secondary (State or country) EA. (Duration) 00 10 NAME OF BL 0 FATHER Shot (Address) oa Wala (I) 11 BIRTHPLACE ENT OF FATHER *State the Disease Causing Death, or, in deaths from OZ ation CAU (State or country) Violent Causes, state (1) Mcans of Injury and (2) Whether Accidental, Suicidal or Homicidal. 12 MAIDEN NAME C 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-4 OF MOTHER CUP ients or Recent Residents) CCU 13 BIRTHPLACE In the At place OF MOTHER State vrs inos. of death yrs mes ds. (State or country) 0 Where was disease contracted, if not at place of dea.h?... 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE Every item CIANS sho Former or usual residence ACE OF BURIAL OR REMOVAL If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

V. S. No. 1
WRITE LAINLY

SERVED

ARGIN

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from laborer, Spinner, should be used only when needed. As examples: (a) whatever, write None. business, that fact may be indicated thus; Farmer fredefinite salary, may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of Julness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocor given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Screant, Cook, ployed, as At school, or At home. Cure should be taken work, household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the the first line will be sufficient, e. g., Farmer or Planter, to report specifically the occupations of persons en-Foremon, (b) Automobile factory. The material or At Home, and children, not gainfully em-For many occupations a single word or term on yrs). For persons who have no occupation Farm laborer, Laborer-(b) Cotton mill; (a) Salesman. without more precise specification as Day -Coal mine, etc. Wom-(b) Grocery;

Statement of Cause of Death—Name, first, the pisease Coursend Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Corebrospinal fewer (the only definite synonym is "Epidemic cerebrospinal meningitis"; Liphtheria (avoid use of "Croup"); Typhoid fewer (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(Recommendations on statement of cause of approved by Committee on Nomenclature of the American Medical Association.) telanus) may be stated under the head of "contributory." "Uraemia," "Weakness," etc., when a definite disease Always qualify all as fracture of skull, and consequences (e.g., sepois, carbolic acid-probably suncide. The nature of theinjury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was under-"PUERPERAL septicaentia," "PUERPERAL peritonitis," etc. diseases restling from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Exhaustion," "Heart warms," "Old Age," "Shock," "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthonia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railray train Chronic interstitical nephritis, Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol Never report mere symptoms or terminal condior intercurrent) affection need not be Chronic valvular heart disease Example: Measles (disease etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

4

STATE OF MARYLAND-CERTIFICATE OF DEATH

PHYSICIANS should state

of infor-

RECORD. Every item

IS A PERMANENT FOR BINDING

MARGIN RESERVED

WITH UNFADING INK-THIS

AGE

be should be

CAUSE OF DEATH in plain terms, so that it may

mation should be carefully supplied.

B.—WRITE PLAINLY,

ż

V. S. No. 1

County CE	rasky	2-9		Registration Dist. No. 154		
Village or City	city or town where do	eath occurred		No. St., V death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth? yrs. mos.		
2. FULL NAME	all !	7-	When	lu		
(a) Residence: No.		(Usual place	of abode)	St., Ward. If nonresident give city or town and State		
PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE OF DEATH		
3. SEX 4. COL	OR OR RACE	5. SINGLE, MARI OR DIVORCED	RIED, WIDOWED, (write the word)	21. DATE OF DEATH (Month) (Day) (Year		
5a. If married, widowed, or di HUSBAND of (or) WIFE of	vorced			22. I HEREBY CERTIFY, That I attended deceased		
		1-74	- 32			
6. DATE OF BIRTH (month, d 7. AGE Years	Months	Days	If LESS than 1 day,hrs. ormin.	to heve occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance		
8. Trade, profession, or kind of work done SAWYER, BODKKI	, as SPINNER,			The PRINCIPAL CAUSE OF DEATH and related causes of importance		
Industry or business work was done, as SAW MILL, BANK 10. Date deceased last w this occupation (m	SILK MILL, , etc orked et	11. Total ti	me (years)			
this occupation (myear) 12. BIRTHPLACE (city or town (State or country)	1	spen	t in this pation	Other Contributory Causes of importance:		
13. NAME Will	liam	bru				
14. BIRTHPLACE (city or (State or country)	town)	ndi		Name of operation Oate of What test confirmed diagnosis? Was there an autopsy?		
15. MAIDEN NAME 16. BIRTHPLACE (city or (State or country)		med.	lu	23. If death wes due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?, 19 Where did injury occur?, 19		
17. INFORMANT Mathe Warlen (Address) Renteurs				(Specify city os town, county and State) Specify whether Injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE.		
(Vontezz)	18. BURIAL, CREMATION, OR REMOVAL Place was () 19.32			Menner of injury		
18. BURIAL, CREMATION, OR	(not tu		24. Was disease or Injury In any way related to occupation of deceased?			
18. BURIAL, CREMATION, OR	ment of the	raula	24	24. Was disease or Injury In any way related to occupation of deceased?		

'Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salcsman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL S	SPACE FOR	FURTHER	STATEMENTS	$\mathbf{B}\mathbf{Y}$	PHYSICIAN
--------------	-----------	----------------	------------	------------------------	-----------

THE IS A PERMANENT RECORD From item	7	1	v itor
OR BINDING			From
OR BINDING			RECORD
OR		BINDING	PERMANENT
		OR	< U
		RVED	N

PHYSICIANS should state m of infor-Exact statement of OCCUPA. stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. AGE should be -WRITE PLAINLY, WITH UNFADING INK mation should be carefully supplied.

V. S. No. 1

N. B.-

STATE O	F MARYI	AND-CE	RTIFICA	TF OF	DEATH	14052
SIMIL	L MWLI	"WIND CI	IN I II ICA	IL VI	DLAIII	0 7 - 2 -

1. PLACE OF DEATH					
County Charles		(8	82-a) Registration Dist. No. 103		
Village or City Wicomico			No. death occurred in a horpital or institution, give it ds. How long in U.S. If of foreign b		
2. FULL NAME Ann Eliz					
(a) Residence: No. Wicomi			St., Ward.	nresident give city or town and	Stale
PERSONAL AND STATIST			MEDICAL CERTIFI	CATE OF DEATH	
3. SEX 4. COLOR OR RACE Female Black		RIED, W10 OWED, (write the word)	21. DATE OF DEATH (Month)	April 13,	, 193 2 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of			22. 1 HEREBY CER April 2 19 32	TIFY. That I attended to April 13	deceased from
6. DATE OF BIRTH (month, day, end year) UI	IKNOWN		l last saw h er alive on Apr	il 3, ₁₉ 32	; deeth is sald
7. AGE Years Months 70?	Days	If LESS than 1 dey,hrs. ormin.	to have occurred on the date stated above, at The PRINCIPAL CAUSE OF DEATH and rela were as follows:		Date of onset
9 Trade profession or particular		Cerebral hemory	rhage	4/2/32	
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc			Other Contributory Causes of importance:		
(State or country) Mary 18			General arteri	o-sclerosis	
13. NAME CL. Waters 14. BIRTHPLACE (city or town) Mar yland (State or country) 15. MAIOEN NAME Mary G. Mathers 16. BIRTHPLACE (city or town) Mary Land (State or country) 17. INFORMANT Mary C. Mathers (Address) / 329			Name of operetion		
			23. If death wes due to external causes (VIOL Accident, suicide, or homicide?	Date of Injury	, 19 e)
18. BURIAL, CREMATION, OR REMOVAL Place New at Cernitary oate April 159 32			Manner of injury		
19. UNOERTAKER a. C. Walch (Address) Chaptico			24. Was disease or injury in any way related If so, specify	· · · · · · · · · · · · · · · · · · ·	
20. FILEO Apr. 14, 19 32 J.	P. Tippe	Registrar.	(Signed) Waysees (Address) Chaptic	C C THE THE RESELLE	M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

RECEIVED 6/2/32 BUREAU VS

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	6.1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		18 8	
Other contributory causes of importance:		Other contributory causes of importance	
Gallstones	May 1,1923	Gastroenteritis D. C.	1 year
TO THE WAY			\
ADDRESONAL SPACE/F	OR FURTH	ER STATEMENTS BY PHYSICIAN	3
777			